

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Facility Information**

**Facility Name:** CLA SLINGER ADULT FAMILY HOME (390105)  
**Address:** 3941 ELAINES WAY, SLINGER, WI 53086  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/01/1993  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History**

**Survey ID:** 0096745      **End Date:** 03/30/2006      **Type:** STANDARD      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008358    Served 04/19/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM		

**Survey ID:** 0095853      **End Date:** 11/01/2005      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0094522      **End Date:** 03/23/2005      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008146    Served 04/12/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	11/01/2005	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	11/01/2005	Yes

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**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Survey ID:** 0093174      **End Date:** 08/16/2004      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008039    Served 08/23/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	11/01/2005	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		

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**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

Enforcement History
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<b>Date: 04/14/2006</b>	<b>SOD #10008358</b>	<b>Appealed: No</b>
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Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

<b>Date: 04/13/2005</b>	<b>SOD #10008146</b>	<b>Appealed: No</b>
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Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

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**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Complaint History**

**Date Complaint Received: 03/28/2006**

**Date Investigation Completed: 03/30/2006**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

SUBSTANTIATED

SOD #

10008358

**Date Complaint Received: 09/20/2005**

**Date Investigation Completed: 11/01/2005**

Subject Area(s)

NUTRITION & FOOD SERVICES  
STAFF ADEQUACY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 06/03/2005**

**Date Investigation Completed: 07/26/2005**

Subject Area(s)

LICENSED CAPACITY /CLASS OF LICENSE  
ABUSE  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

NOT RECORDED

**Date Complaint Received: 02/22/2005**

**Date Investigation Completed: 03/24/2005**

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Facility Information**

**Facility Name:** CLA SOUTH 69TH STREET (0009204)

**Address:** 2662 S 69TH ST, MILWAUKEE, WI 53219

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/22/2001

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0096672      **End Date:** 03/08/2006      **Type:** OTHER      **Purpose:** COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0095483      **End Date:** 07/26/2005      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0091587      **End Date:** 11/11/2003      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008936

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	07/26/2005	Yes
88.06(3)(d)2	LEVEL OF SUPERVISION	07/26/2005	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	07/26/2005	Yes

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